

**SUPERIOR COURT OF WASHINGTON
COUNTY OF**

In re:

and

Petitioner,

Respondent.

NO.

**RETURN OF SERVICE
(CHILD SUPPORT MODIFICATION)
(RTS)**

I DECLARE

1. I am over the age of 18 years, and I am not a party to this action.
2. I served [Name of person served] with the following documents:
 - ☐ A petition for modification of child support.
 - ☐ A summons.
 - ☐ The Washington State Child Support Schedule Worksheet and Financial Declaration completed by the petitioning party.
 - ☐ A blank copy of the Washington State Child Support Schedule Worksheet to be completed by the responding party.
 - ☐ A blank answer form.
 - ☐ A blank financial declaration form.
 - ☐ Other:
3. The date, time and place of service were (if by mail or publication refer to Paragraph 4 below):

Date:
Address

Time

4. Service was made pursuant to Civil Rule 4(d) and RCW 26.09.175 (2) and (3) by:

- ☐ delivery to the person named in paragraph 2 above.
- ☐ delivery to _____ [Name], a person of suitable age and discretion residing at the usual abode of the person named in paragraph 2 above.
- ☐ publication as provided in RCW 4.28.100. (A copy of the summons is attached.)
- ☐ (check only if the decree to be modified was entered in this state) a form of mail requiring a return receipt as provided in RCW 26.09.175 (2). (Attach return receipt below.) The copies were mailed on _____ [Date].
- ☐ (check only if there is a court order authorizing service by mail) mailing two copies postage prepaid to the person named in the order entered by the court on _____ [Date]. One copy was mailed by ordinary first class mail, the other copy was sent by certified mail return receipt requested. (Attach return receipt below.) The copies were mailed on _____ [Date].
- ☐ Other:

5. SERVICE ON THE ATTORNEY GENERAL, IF THE CHILD IS RECEIVING PUBLIC ASSISTANCE.

- ☐ Does not apply.
- ☐ The child is receiving public assistance. The summons, petition and worksheets were also served on the Office of the Attorney General on _____ [Date] at _____ [Time] at _____ [Address]. Service was made by:
- ☐ delivery to _____ [Name].
- ☐ a form of mail requiring a return receipt. (Attach return receipt below.) The copies of the papers were mailed on _____ [Date].

I declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Signed at _____, on _____ [Date].

Signature

Print or Type Name

Fees:

Service _____
Mileage _____
Total _____

(Attach Return Receipt here, if service was by mail.)